



P.O. Box 8024  
 Boston, MA 02266-8024  
 800-222-5852  
**Overnight Mail:**  
 30 Dan Road  
 Canton, MA 02021-2809  
 www.PrincipalFunds.com

## REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

- Use this form to establish Required Minimum Distributions from your Traditional IRA, SIMPLE IRA, SEP IRA, or 403(b).
- The RMD for the year in which you attain age 70½ can be deferred until April 1 of the following year. The RMD for any other year must be made by December 31 of that year. Please contact us for additional instructions if you are deferring your first RMD.
- For 403(b) accounts: If you are currently employed by the 403(b) employer, you do not need to begin distributions until termination of employment.

### 1. ACCOUNT INFORMATION

Please provide your current address and account information so we can ensure that your account is up to date.

Indicate type of IRA: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 403(b)		Account Number
First Name, Middle Initial, Last Name		
Social Security Number		Date of Birth (MM/DD/YYYY)
Legal Street Address (no P.O. Box Addresses), City, State, Zip		
Mailing Address (if different from above), City, State, Zip		
Contact Telephone Number		
E-mail Address		

### 2. DISTRIBUTION PAYMENT OPTIONS

Please indicate how you would like the RMD payment taken from your account by completing the Allocation For Your RMD section below. If no allocations are indicated, your RMD will be taken from your account Pro Rata\*.

- Distribute only my current year RMD immediately.
- Distribute my RMD systematically.

Please enter the start date next to the frequency you would like your distribution to occur. If you begin distributions mid-year, your entire RMD for the current year will be paid out evenly over the remaining number of scheduled payments for the year. If no start date is indicated, distributions will take place monthly on the 15th. Please allow 3 business days for your systematic RMD to be established.

Distribution Frequency:    Monthly    Quarterly    Semiannually    Annually   Start Date \_\_\_\_\_  
 (MM/DD/YYYY)

#### Allocation For Your RMD

If no allocations are selected, your RMD will be taken from your account Pro Rata\*.

Take my distributions from:    Pro Rata\*   – OR –    All funds in equal %   – OR –    As indicated below:

_____	_____	\$ _____	– OR –	_____ %
Portfolio/Fund Name	Portfolio/Fund Number			
_____	_____	\$ _____	– OR –	_____ %
Portfolio/Fund Name	Portfolio/Fund Number			
_____	_____	\$ _____	– OR –	_____ %
Portfolio/Fund Name	Portfolio/Fund Number			

\*Pro Rata means that your distribution will be taken proportionately from your account, based on share balances at the time of request.

### 3. CHOOSE YOUR LIFE EXPECTANCY METHOD OR AMOUNT TO BE DISTRIBUTED

Principal Funds will calculate your RMD or send you a specific amount according to your selection of one of the options below. If you do not indicate a method, Principal Funds will default to the Uniform Lifetime Table. We will distribute your IRA assets as you indicate in Section 2.

Indicate how you want Principal Funds to determine your distribution payment amount:

I would like Principal Funds to calculate my RMD based on the Uniform Lifetime Table. Previous Year-End Account Value: \_\_\_\_\_

I would like Principal Funds to calculate my RMD based on the Joint Life Expectancy Table. Previous Year-End Account Value: \_\_\_\_\_

*Note: You may only use this method if your spouse is your sole primary beneficiary and is more than ten years younger than you.*

Spouse's Date of Birth is: (MM/DD/YYYY) \_\_\_\_\_

I would like Principal Funds to send \$ \_\_\_\_\_

*Note: If you specify an amount, you are responsible for the accuracy of the calculation and of the amount you request to be distributed. You may take more than the minimum if you wish.*

### 4. PROCEEDS INSTRUCTIONS

Principal Funds offers a variety of payment methods for your RMD. Please review and choose one of the options below. To verify if your account is already linked to a bank account, please call Principal Funds at 800-222-5852.

Deposit into bank account ON FILE\*       ACH       Wire (\$10.00 fee)\*\*

Deposit into bank account NOT ON FILE\* (Please complete Section 5 and see Medallion Signature Guarantee instructions in Section 7)  
 ACH     Wire (\$10.00 fee)\*\*

Existing non-retirement account \_\_\_\_\_

Direct proceeds into new non-retirement account (Please attach a completed application)

Mailing address of record (A Medallion Signature Guarantee is required in Section 7 for lump-sum distributions requested within 15 days of an address change)

Overnight check to address of record (\$15.00 fee)\*\*

Mail to address other than the address of record or alternate payee (Medallion Signature Guarantee required in Section 7)

Payee \_\_\_\_\_

Address \_\_\_\_\_

\* If no option is elected, we will send the proceeds via ACH

\*\* This option is NOT available for Systematic Withdrawals

### 5. BANK INFORMATION

Automated Clearing House (ACH) redemptions are transferred free of charge on the second business day following the request. Bank Wire redemptions are transferred the following business day, if requested before the close of the New York Stock Exchange. Principal Funds charges a \$10 fee each time funds are sent by Bank Wire. Your bank may also charge a fee. It may take additional business days for your bank account to reflect this activity. If establishing a Systematic Withdrawal Plan (SWP), please allow 3 business days for your bank account information to be established and validated.

Bank Name \_\_\_\_\_ ABA Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

**Checking Account** (please tape a preprinted voided check below)

**Savings Account** (please tape a preprinted deposit slip or proof of account\* from your banking institution)

JOHN DOE  
JANE DOE  
1234 MAIN STREET  
ANYTOWN, IA 12345

01044

DATE \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

⑆ 01044 ⑆ 01044 ⑆ 01044 ⑆

1      2

1 Bank Routing Number  
(requires 9 digits)

2 Bank Account Number

\*Proof of account must include bank account registration, bank account number, and ABA routing number on bank letterhead.

## 6. TAX WITHHOLDING

I have reviewed the below "Withholding Notice". **If tax withholding applies, it will be taken from the distribution amount. If CDSC applies, it will be taken above the distribution amount requested.**

### Federal Tax Withholding

I understand that 10% of my distribution will be withheld for Federal Income Tax unless I make a different election below.

- I elect **NOT** to have federal income tax withheld.
- Please withhold federal income tax at the following percentage: \_\_\_\_\_ % (whole percentages only)

### State Tax Withholding

Check one of the following boxes to indicate whether you wish to have state income taxes withheld. The withholding amount indicated will be applied to the entire distribution amount. State tax withholding may apply even if you do not check a box below. Also, some states do not offer state tax withholding. Refer to the withholding notice below regarding the options for state withholding.

- I elect **NOT** to have state income tax withheld.
- Please withhold state taxes in the amount of \$ \_\_\_\_\_ (dollar amount only)

Note: 403(b) accounts are not subject to the 20% mandatory Federal Tax Withholding on Required Minimum Distribution.

## Withholding Notice

Tax withholding elections are designated with each transaction request. Withholding elections for Systematic Withdrawal plans remain in effect until instructions are received to change it.

### Federal Tax Withholding

Distributions are subject to federal income tax withholding in the amount of 10% unless you elect not to have withholding apply.

### State Tax Withholding

If federal income tax withholding is applied to your distribution, your state may also require state income taxes to be withheld. State laws regarding tax withholding are subject to change at any time without notice. Please see your tax advisor for additional information. Depending on your state of residency, the following rules apply:

If your state of residence has:	Your options for state tax withholding are:
Mandatory State Withholding	If you elect federal tax withholding, state tax withholding <u>will</u> be applied, and will be calculated based on your state's applicable minimum requirements. You may also elect a specific dollar amount, however, your requested amount must be equal or greater than your state's minimum withholding requirement, otherwise we will apply your state's applicable minimum withholding requirement.
Non-Participatory State Withholding	You may not elect state tax withholding. State tax withholding is <u>not available</u> even if your state has state income taxes.
Voluntary State Withholding	You may elect voluntary state income tax withholding. You must provide a specific dollar amount to be applied for state tax withholding.

Regardless of whether you elect to have federal, and if applicable, state tax withholding apply, you are liable for the payment of federal income tax, any state or local taxes, and any penalties which may apply to your distribution. You also may be subject for tax penalties under the estimated tax payment rules if your estimated tax payments and withholding are not adequate. IRS Publication 505 should be reviewed, especially by new retirees.

**Note – 403(b) accounts:** if you elect no Federal Tax Withholding, you must complete an IRS Form W-4P. This form can be found on the IRS website ([www.irs.gov](http://www.irs.gov)). Any amount over and above the Required Minimum Distribution will be subject to the 20% mandatory Federal Tax Withholding.

**7. PLEASE READ AND SIGN**

Read this section to make sure you understand your responsibilities regarding distributions from your IRA. Please sign and date below to show you have given Principal Funds all the correct information and you understand distributions will be made according to the instructions you have given us.

**I acknowledge that I have read and understand this *Required Minimum Distribution* form. I understand that these instructions control how much I will draw from my Principal Funds IRA. I may be subject to Federal and State tax penalties if I do not withdraw enough from all of my IRAs.**

I authorize Principal Funds to follow my instructions as indicated on this form. I further certify that I have been advised by Custodian or by Custodian's Agents to consult with my legal or tax advisor regarding the possible tax consequences of distributions.

\_\_\_\_\_  
Principal Account Owner's Signature (MM/DD/YYYY)

**Medallion Signature Guarantee:**

\_\_\_\_\_  
Principal Account Owner's Signature (MM/DD/YYYY)

**Medallion Signature Guarantee:**

\_\_\_\_\_  
Bank Account Owner's First Name, Middle Initial, Last Name

\_\_\_\_\_  
Bank Account Owner's First Name, Middle Initial, Last Name

\_\_\_\_\_  
Bank Account Owner's Signature (MM/DD/YYYY)

**Medallion Signature Guarantee:**

\_\_\_\_\_  
Bank Account Owner's Signature (MM/DD/YYYY)

**Medallion Signature Guarantee:**

A Medallion Signature Guarantee stamp is required for each Principal Account Owner's signature if requesting:

- distributions within 15 days of an address change
- distributions totaling more than \$100,000
- distributions to be mailed to an address other than the address of record
- distributions made payable to an individual/entity other than the Principal Account Owner
- distributions to bank account NOT ON FILE
- distributions to a bank account NOT ON FILE, NO voided check/deposit slip is provided or there is NOT a common owner between the registrations of the Principal Account and the Bank Account (in this case, we also require a signature and a Medallion Signature Guarantee stamp for each Bank Account Owner)

The signature(s) must be guaranteed by a commercial bank, trust company, credit union, savings and loan, national securities exchange member, or brokerage firm that participates in a Medallion program recognized by the Securities Transfer Association. A signature guaranteed by a notary public or savings bank is not acceptable.